



Due By April 24, 2009

08 FS-1

Rhode Island Ethics Commission

2008 YEARLY FINANCIAL STATEMENT

LEO R BLAIS
40 BANK STREET
COVENTRY RI 02816-0000

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
09 APR 24 AM 9:38

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2008 THROUGH DECEMBER 31, 2008
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2008 Yearly Financial Statement in the mail but believe you did not hold a public position in 2008 or 2009 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Leo R BLAIS
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 40 Bank St COVENTRY RI 02816
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:
RI Senate District 21
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 1993 I was appointed on _____ I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation _____.

4. List elected office(s) for which you were/are a candidate in either calendar year 2008 or 2009 (Read instruction #4)
RI Senate

5. List the following: NAME OF SPOUSE
Beverly A. BLAIS

LEO-MRXI CORP
1001 Ogden Ave
Downers Grove, IL 60515

2008- Instructor

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2008. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY
MEMBER EMPLOYED

NAME AND ADDRESS
OF EMPLOYER OR OCCUPATION

DATES AND NATURE
OF SERVICES RENDERED

LEO
Beverly
Jeremy

P.V. PRESCRIPTION
59 Sandy Bottom Rd
COVENTRY RI 02816

2008- PRESIDENT
2008- Pharmacy Tech
2008- Pharmacy Intern

Leanne
Jeremy
LEO

State of RI - DEM
Town of Narragansett
COVENTRY CREDIT Union
2008 Nooseneck Hill Rd
COVENTRY RI 02816

2008- Lifeguard
2008 Lifeguard
2008 Board of Directors

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

Beverly, LEO

Owners

Vacant lot - 40 Bank St, Coventry

Beverly, LEO

Owners

Vacant lot - Stone St Coventry

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: P.V. PRESCRIPTION & Surgical Ltr Profit Sharing Plan

NAME OF TRUSTEE AND ADDRESS: LEO R. BLAIS 65 Sandy Bottom Rd Coventry RI 02816

NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME:

LEO R. BLAIS

ASSETS: Stocks, Mutual Funds

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

See Attachment 1- Section 9

ATTACHMENT 1

SECTION 6

<u>NAME OF FAMILY MEMBER</u>	<u>NAME/ADDRESS OF BUSINESS</u>	<u>POSITION</u>
Leo	Pawtuxet Valley Prescription ,Coventry	2008 President
Leo	Coventry Credit Union , Coventry	2008 BOD
Leo	State of RI, Providence	2008 Senator
Leo	MRXI Corporation	2008 Instructor
Beverly	Pawtuxet Valley Prescription	2008 Pharmacy Tech
Jeremy	Pawtuxet Valley Prescription	2008 Pharmacy Intern
Jeremy	Town Of Narragansett	2008 Lifeguard
Leanne	RIDEM, Providence	2008 Lifeguard

SECTION 9

<u>NAME OF FAMILY MEMBER</u>	<u>NAME/ADDRESS OF BUSINESS</u>	<u>POSITION</u>
Leo	Coventry Credit Union, Coventry	BOD
Leo	PV Prescription, Coventry	President
Leo	Bev-Lee, LLC 40 Bank St., Coventry	Member
Leo	Moo-Cow, LLC 65 Sandy Bottom Rd, Cov	Member
Leo	Narya,LLC 65 Sandy Bottom Rd, Coventry	Member
Leo	Sandy Bottom Properties, Coventry	Member
Leo	Brain Injury Assoc. of RI Cranston	BOD
Leo	Palantiri, Inc	G.P.
Leo	Nenya, Vilya, Riendell,LLC's,Coventry	Member
Beverly	Nenya,Vilya,Rivendell,LLC's,Coventry	Member
Beverly	Palantiri,Inc	L.P.
Beverly	Bev-Lee,LLC	Member
Jeremy	Palantiri,Inc	L.P.
Leanne	Palantiri,Inc.	L.P.

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2008 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

See Attachment 2 - Section 11

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2008 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

P.V. PRESCRIPTION & SURGICAL CTR

RI DHS

2008- PRESCRIPTION
SERVICES

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

P.V. PRESCRIPTION

RI Dept of Health

ATTACHMENT 2

SECTION 11

NAME OF FAMILY MEMBER

NAME/ADDRESS OF BUSINESS

Leo	Pawtuxet Valley Pres.,65 Sandy Bottom Rd. Coventry
Leo	Moo-Cow,LLC 65 Sandy Bottom Rd .Coventry
Leo	Bev-Lee, LLC 40 Bank St., Coventry
Leo	Sandy Bottom Properties,65 Sandy Bottom Rd ,Coventry
Leo	Palantiri, Inc 65 Sandy Bottom Rd, Coventry
Leo	Narya,LLC 65 Sandy Bottom Rd, Coventry
Leo	Nenya,Vilya,Rivendell,LLC's Coventry
Beverly	Nenya,Vilya,Rivendell,LLC's,Coventry
Beverly	Palantiri,Inc.,65 Sandy Bottom Rd, Coventry
Beverly	Narya,LLC,65 Sandy Bottom Rd ,Coventry
Jeremy	Palantiri,Inc 65 Sandy Bottom Rd. ,Coventry
Leanne	Palantiri,Inc 65 Sandy Bottom Rd, Coventry

SECTION 16

NAME AND ADDRESS OF DEBTOR

NAME/ADDRESS OF LENDER

Leo &Beverly 40 Bank St., Coventry	Bank Newport 500 W.Main Rd., Middletown
(SAME)	GMAC Mortgage, PO Box 830117,Baltimore,MD
(SAME)	Centreville Bank,777 Tiogue Ave., Coventry RI
(SAME)	Audi Financial, PO Box 7247 Philadelphia, PA
(SAME)	Ford Motor Credit, PO Box 6248,Dearborn MI
Leo	BankRI ,Providence
Leo	Greenwood Credit Union,2669 Post Rd, Warwick

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

N/A

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

N/A

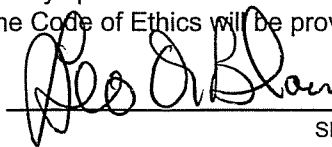
16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

See Attachment 2 Section 16

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2008 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.



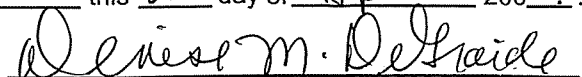
State of Rhode Island
County of

Kent

SIGNATURE

Subscribed and sworn to before me at Cirencester this 23 day of April 2009.

My Commission expires: 0806-2010



SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.